

Apprentice OJT Competency Performance Tracker

Name: _____ Apprenticeship Name: _____

Employee ID: _____ Trainer Name: _____

Test Attempt, if applicable (1st, 2nd, or 3rd): _____

Comments: _____

Today's Date: _____

Directions: Given proper tools, PPE, and equipment, the employee should successfully demonstrate safe use of (equipment name). Use the tasks below to determine the level of competency the employee has gained.

TASKS	Beginner	Intermediate	Competent
Competency 1			
Competency 2			
Competency 3			

The following signatures signify only that this report has been reviewed with the apprentice.

Apprentice: _____ Date: _____

OJT Trainer: _____ Date: _____

Supervisor: _____ Date: _____